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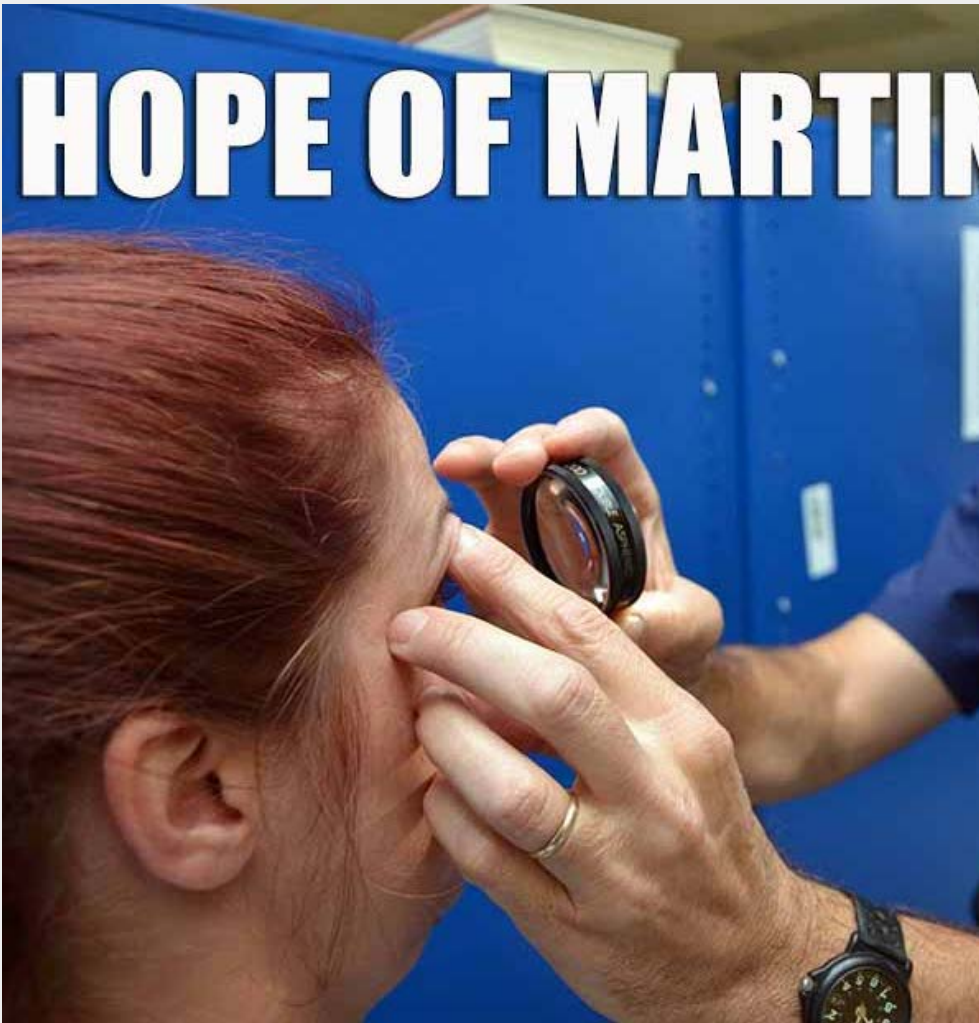
Written on JULY 25, 2013 AT 7:00 AM by VKREMER

Reserve Success at Hope of Martin

Filed under CORPSMAN, HEATH, HUMANITARIAN ASSISTANCE AND DISASTER RELIEF

(NO COMMENTS)

By Capt. Janie Brier, executive officer, Navy Medicine Education and Training Command - Reserve Component




Capt. Mike Radoiu, an optometrist from Expeditionary Medical Facility Bethesda, uses a binocular indirect ophthalmoscopy tool to examine a patient's eyes at Martin Middle School in Martin, Tenn., July 11. Radoiu, along with more than 40 other Navy Medicine Live Archives community outreach project. (U.S. Navy photo by Bruce Cunniff)


From July 7-July 19, 2013, I was the medical director and senior Navy adviser for the Innovative Readiness Training (IRT) Exercise "Hope of Martin" (HOM). I participated as a medical provider in three previous IRTs, but this was my first time in a command and control


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position.

Critical to the success of this mission were Lt. Cmdr. Thomas (Patrick) Murray, exercise officer in charge, and Senior Chief Hospital Corpsman Jeffrey Tabor, exercise senior enlisted leader. The flawless execution of HOM is witness to their strong leadership, meticulous attention to detail and commitment to the mission.

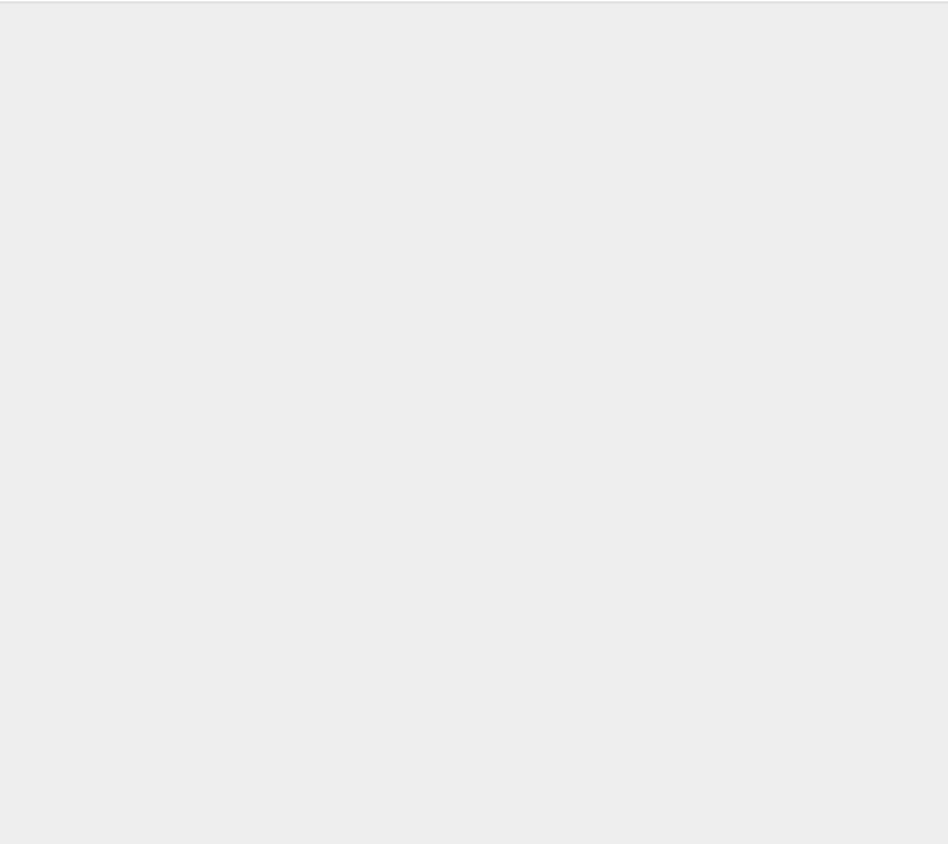
What is an IRT?

It's one of the most clinically challenging, professionally rewarding and seriously FUN annual training opportunities available to the Reserve Component. The IRT program is sponsored by the Office of the Secretary of Defense and is a multi-service, interagency model for expeditionary readiness training. An IRT brings together members of the Active and Reserve Components of the Navy, Air Force and Army, and National Guard components of the Air Force and Army, to provide medical, dental and optometric care to assist local health and municipal authorities in addressing underserved and unmet community health and civic needs.

How does one execute this complex mission statement?

Take people from different services who have medical and/or allied health experience, send them to a remote or underserved community, and task them to set up a functioning clinic in a non-traditional setting, i.e. school, church, community center, vacant factory. Give the participants a basic outline of what they are expected to accomplish. Stifle the impulse to give them thorough and specific direction. Don't answer all their questions. Make them work the problem. It's training.

Give them two to three PODS of equipment they have never seen, limited pharmaceutical supplies, an unrealistic time frame in which to accomplish all these tasks, then step back and watch them figure out how to make the mission work. Introduce each day an unexpected variable. Don't give them all the information they need. It's training.



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Hospital Corpsman 2nd Class Magdalene Juarez instructs Senior Airman Ashley Burtle on techniques for cleaning a patient's teeth during the Hope of Martin Innovative Readiness Training at Martin Middle School, July 15. Juarez and Burtle, along with more than 130 other Air National Guard, Air Force and Navy Medical professionals, are participating in the Hope of Martin community outreach project designed to train U.S. military medical personnel and provide assistance to underserved communities. (U.S. Navy photo by Bruce Cummins/Released)

Although each mission has a small core of people with previous IRT experience, the majority of HOM members never participated in an exercise of this nature. They met as strangers, and in less than 48 hours, came together as a fully functional team to coordinate and deliver care to thousands of people. The motto for HOM was "Chaos to Comprehensive Care."

The clinic was open from 8 a.m. to 7 p.m. for nine consecutive days. Each morning hundreds of people were waiting in line for the doors to open. Some camped out all night for the chance to obtain limited dental and optometry services. On the day prior to end of mission, the members provided clinic services for four hours. Then they broke down the clinic, loaded the equipment back in the PODS, cleaned all the areas they used and returned the facility to the community in a much cleaner condition than received.

During the course of the exercise, the HOM participants saw more 3,200 patients, performed more than 8,800 procedures, dispensed more than 1,100 optical fabrications, and filled more than 8,500 prescriptions for a total value of services of over \$700,000.

What value does the IRT bring to the Navy and to Navy Medicine?

The IRT program delivers cost effective, operational readiness training critical to the successful support of humanitarian assistance, disaster relief and military missions

worldwide. It is the ideal platform to showcase interoperability.

Health care professionals have a shared language, culture of care and standards of practice irrespective of the uniform one wears. Commonality of purpose drives cooperation. Bringing service specific specialties together sparks ideas for research, complements the quality of care delivered, and increases the scope of training offered.

The number one priority for every IRT is training. Everything that occurs, expected and unexpected, is training. In the setting of an IRT, optimal training can only be achieved through joint-service missions.

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